

CERTIFIED TRUE COPY

RECEIVED AND FILED
WITH THE
N.J. BOARD OF DENTISTRY
ON 5-14-90 cm

ROBERT J. DEL TUFO
ATTORNEY GENERAL OF NEW JERSEY

By: Kathy Rohr
Deputy Attorney General
Division of Law, Room 316
1100 Raymond Boulevard
Newark, New Jersey 07102

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC
SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF DENTISTRY
DOCKET NO.

In the Matter of)
THOMAS LEONHARDT, D.D.S.)
Licensed to Practice Dentistry)
in the State of New Jersey)
_____)

Administrative Action

CONSENT ORDER

This matter was opened to the New Jersey State Board of Dentistry upon receipt of a patient complaint from William Johnston concerning the dental services rendered by Dr. Thomas Leonhardt, D.D.S. consisting, in pertinent part, of root canal therapy, post and core dentistry and crown and bridge dentistry. The Board reviewed the entire record in this matter including the patient's records, the Board consultant's report and acquired further information at an investigative inquiry attended by Dr. Griffith on March 21, 1990. It appears to the Board that the bridges failed as a result of a poor diagnosis and treatment plan, inadequate utilization of abutments, and a failure to take into consideration the occlusal and periodontal problems associated with the case.

It appearing that the parties wish to resolve this matter without recourse to formal proceedings and for good cause shown;

IT IS ON THIS 8th DAY OF May, 1990,


HEREBY ORDERED AND AGREED THAT:

1. Dr. Leonhardt shall make restitution to William Johnston in the amount of \$199.00 by submitting a certified check or money order in the aforesaid amount made payable to William Johnston to the State Board of Dentistry at 1100 Raymond Boulevard, Room 510, Newark, New Jersey 07102, within thirty (30) days of the entry date of this Order. Dr. Leonhardt further shall waive the uncollected balance of \$837.00 due on the fee charged to William Johnston.

2. Dr. Leonhardt shall make restitution to Mr. Johnston's insurance carrier in the amount of \$1,516.00 by submitting a certified check or money order in the aforesaid amount made payable to the New Jersey Carpenters Union to the State Board of Dentistry at the above address within sixty (60) days of the entry date of this Order.

3. Dr. Leonhardt shall cease and desist from performing crown and bridge dentistry, root canal therapy, and post and core dentistry until he successfully completes forty (40) hours of continuing education in basic crown and bridge dentistry, sixteen (16) hours of continuing education in post and core dentistry, and sixteen (16) hours of continuing education in root canal therapy. These courses shall be approved by the Board in writing prior to attendance. Dr. Leonhardt also shall be required to provide the Board with proof of successful completion of the required course work.

4. Dr. Leonhardt is hereby assessed a civil penalty in the amount of \$250.00 and reprimanded for failure to obtain and document in the patient record a medical health history, a failure to chart the patient periodontally, and a failure to obtain diagnostic quality X-rays prior to treatment. The civil penalty shall be submitted by certified check or money order payable to the State of New Jersey to the Board of Dentistry at the above address within thirty (30) days of the entry date of this Order.



SAMUEL E. FURMAN, D.D.S.
PRESIDENT
STATE BOARD OF DENTISTRY

I have read the within Consent
Order and understand its terms.
I hereby consent to its entry.



THOMAS LEONHARDT, D.D.S.